

NUCLEAR MEDICINE DIVISION - DEPARTMENT OF RADIOLOGY "Nuclear Blue Form"

NUCLEAR MEDICINE PROCEDURE REQUEST AND CONSULTATION REPORT (SECTION I)

DIRECTIONS: See reverse for information required for scheduling radionuclide procedures.

Date of Request _____ Routine ☐ Urgent ☐ Emergency ☐
Type of Procedure _____ Previous NM Procedures: Yes ☐ No ☐
Patient's Status: Ambulatory ☐ Non-ambulatory ☐ Traction ☐ Comatose ☐ Respirator Equipment ☐
Age: _____ Sex: _____ Precautions if Any: _____ Phone #: 7852
Date of Onset of Symptoms: _____ LMP _____

Brief Clinical Abstract and Reason for Request: Give all available information
required for the specific procedure as listed on reverse side:

Service: _____ Beeper No: _____ Signed _____ M.D.
Please print or write clearly

For Nuclear Medicine Section Only:

NUCLEAR MEDICINE CONSULTATION REPORT (SECTION II)

PROCEDURE:

Dose:

DATE:

Radiopharmaceutical:

Time Administ.:

Time of Image:

RESULTS: NORMAL ☐ PROBABLY NORMAL ☐ ABNORMAL ☐ PROBABLY ABNORMAL ☐

DESCRIPTION:

IMPRESSION:

Signature _____

PATIENT INFORMATION (SECTION III)

PATIENT'S ADDRESS: _____

ZIP _____ PHONE: _____

IMPRINT I.D. CARD (NAME, MRN, CLINIC/WARD)

Source Code # _____

Received: _____ Logged: _____ Checked: _____